

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/676,614

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | *            |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 150.00 |
| X\$ 25=   |        |
| X100=     |        |
| +180=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 300.00 |
| X\$50=    |        |
| X200=     |        |
| +360=     |        |
| TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 23                             | Minus ** 20                        | = 3           |
| Independent   | * 1                              | Minus *** 3                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25=          | \$7500         |
| X100=            |                |
| +180=            |                |
| TOTAL ADDIT. FEE | \$7500         |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$50=           |                |
| X200=            |                |
| +360=            |                |
| TOTAL ADDIT. FEE |                |

paid

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25=          |                |
| X100=            |                |
| +180=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$50=           |                |
| X200=            |                |
| +360=            |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE    | ADDITIONAL FEE |
|---------|----------------|
| X\$ 25= |                |
| X100=   |                |
| +180=   |                |

| RATE   | ADDITIONAL FEE |
|--------|----------------|
| X\$50= |                |
| X200=  |                |
| +360=  |                |

*ITW*



**CERTIFICATE OF MAILING**

I hereby certify that this communication is being deposited with the U.S. Postal Service, with sufficient postage as First Class mail in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on this 13<sup>th</sup> day of Dec, 2004.

Customer Number

**24024**

CHET J. BONNER  
Print Name

*[Signature]*  
Signed

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|              |   |                     |                        |
|--------------|---|---------------------|------------------------|
| Appl. No.    | : | 10/676,614          | Confirmation No.: 7950 |
| Applicant    | : | Namaky, Hamid       |                        |
| Filed        | : | Oct. 1, 2003        |                        |
| TC/A.U.      | : | 3661                |                        |
| Examiner     | : | Marthe Marc Coleman |                        |
| Docket No.   | : | 19325/04097         |                        |
| Customer No. | : | 24024               |                        |

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Scan Tool with Dropped Communications Detection and Recovery and Improved Protocol Selection**

**RESPONSE TO OFFICE ACTION DATED AUGUST 13, 2004**

Sir:

Please find below Applicants response to the Office Action of August 13, 2004.

**Complete Listing of the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

{C-B0774.DOC;1}

**Conclusion**

Based on the foregoing amendments and remarks, the Applicant respectfully submits that all of the claims in this case are in a condition for allowance and an indication to that effect is earnestly solicited. Furthermore, if the Examiner believes that additional discussions or information might advance the prosecution of this case, the Examiner should feel free to contact the undersigned at the telephone number indicated below.

Respectfully submitted,

By: 

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